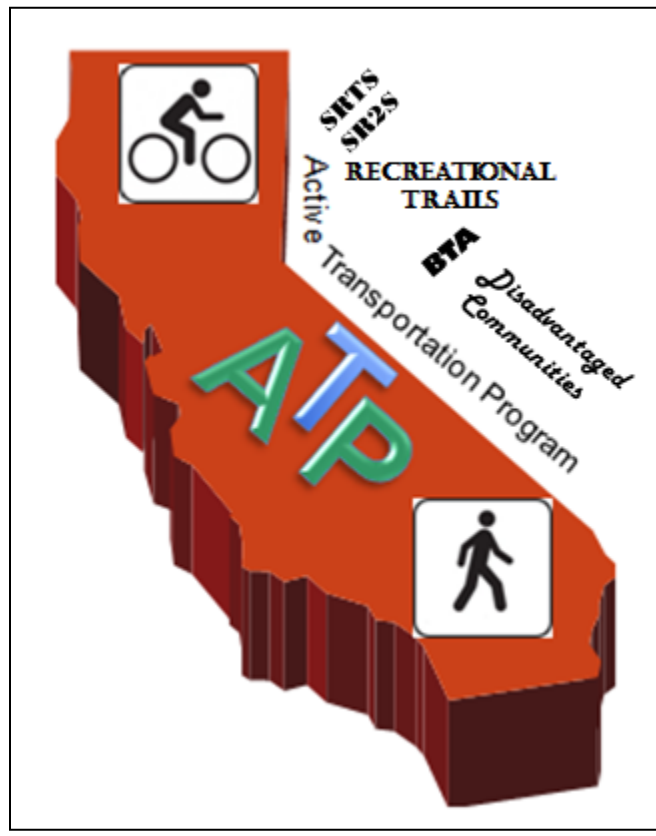


APPLICATION CYCLE 1 ACTIVE TRANSPORTATION PROGRAM (ATP)

Please read the Application Instructions at
<http://www.dot.ca.gov/hq/LocalPrograms/atp/index.html>
prior to filling out this application

Project name:



For Caltrans use only: ___TAP ___STP ___RTP ___SRTS ___SRTS-NI ___SHA
___DAC ___Non-DAC ___Plan

I. GENERAL INFORMATION

Project name:

(fill out all of the fields below)

1. APPLICANT (Agency name, address and zip code)	2. PROJECT FUNDING ATP funds Requested \$ _____ Matching Funds (If Applicable) \$ _____ Other Project funds \$ _____ TOTAL PROJECT COST \$ _____
3. APPLICANT CONTACT (Name, title, e-mail, phone #)	
4. APPLICANT CONTACT (Address & zip code)	5. PROJECT COUNTY(IES):
6. CALTRANS DISTRICT #- Click Drop down menu below	7. Application # ____ of ____ (in order of agency priority)

Area Description:

8. Large Metropolitan Planning Organization (MPO)- Select your" MPO" or "Other" from the drop down menu>	
9. If "Other" was selected for #8- select your MPO or RTPA from the drop down menu>	
10. Urbanized Area (UZA) population (pop.)- Select your UZA pop. from drop down menu>	

Master Agreements (MAs):

11. ☐ Yes, the applicant has a FEDERAL MA with Caltrans.
12. ☐ Yes, the applicant has a STATE MA with Caltrans.

13. If the applicant does not have an MA. Do you meet the Master Agreement requirements? Yes ☐ No ☐
The Applicant MUST be able to enter into MAs with Caltrans

Partner Information:

14. Partner Name*:	15. Partner Type
16. Contact Information (Name, phone # & e-mail)	17. Contact Address & zip code

☐ Click here if the project has more than one partner; attach the remaining partner information on a separate page

*If another entity agrees to assume responsibility for the ongoing operations and maintenance of the facility, documentation of the agreement must be submitted with the application, and a copy of the Memorandum of Understanding or Interagency Agreement between the parties must be submitted with the request for allocation.

Project Type: (Select only one)

18. Infrastructure (IF) ☐ 19. Non-Infrastructure (NI) ☐ 20. Combined (IF & NI) ☐

Project name:

I. GENERAL INFORMATION-continued

Sub-Project Type (Select all that apply)

21. ☐ Develop a Plan in a Disadvantaged Community (select the type(s) of plan(s) to be developed)
- ☐ Bicycle Plan ☐ Safe Routes to School Plan ☐ Pedestrian Plan
☐ Active Transportation Plan

(If applying for an Active Transportation Plan- check any of the following plans that your agency already has):

- ☐ Bike plan ☐ Pedestrian plan ☐ Safe Routes to School plan ☐ ATP plan

22. ☐ Bicycle and/or Pedestrian infrastructure
- Bicycle only: ☐ Class I ☐ Class II ☐ Class III
Ped/Other: ☐ Sidewalk ☐ Crossing Improvement ☐ Multi-use facility

Other:

23. ☐ Non-Infrastructure (Non SRTS)

24. ☐ Recreational Trails*- ☐ Trail ☐ Acquisition

***Please see additional Recreational Trails instructions before proceeding**

25. ☐ Safe routes to school- ☐ Infrastructure ☐ Non-Infrastructure

If SRTS is selected, provide the following information

26. SCHOOL NAME & ADDRESS:

27. SCHOOL DISTRICT NAME & ADDRESS:

28. County-District-School Code (CDS)	29. Total Student Enrollment	30. Percentage of students eligible for free or reduced meal programs **
31. Percentage of students that currently walk or bike to school	32. Approximate # of students living along school route proposed for improvement	33. Project distance from primary or middle school

**Refer to the California Department of Education website: <http://www.cde.ca.gov/ds/sh/cw/filesafdc.asp>

- ☐ Click here if the project involves more than one school; attach the remaining school information including school official signature and person to contact, if different, on a separate page

Project name:

V. PROJECT PROGRAMMING REQUEST

Applicant must complete a Project Programming Request (PPR) and attach it as part of this application. The PPR and can be found at http://www.dot.ca.gov/hq/transprog/allocation/ppr_new_projects_9-12-13.xls

PPR Instructions can be found at <http://www.dot.ca.gov/hq/transprog/ocip/2012stip.htm>

Notes:

- Fund No. 1 must represent ATP funding being requested for program years 2014/2015 and 2015/2016 only.
- Non-infrastructure project funding must be identified as Con and indicated as "Non-infrastructure" in the Notes box of the Proposed Cost and Proposed Funding tables.
- Match funds must be identified as such in the Proposed Funding tables.

Project name:

VI. ADDITIONAL INFORMATION

Only fill in those fields that are applicable to your project

FUNDING SUMMARY

ATP Funds being requested by Phase (to the nearest \$1000)

Amount

PE Phase (includes PA&ED and PS&E)	\$
Right-of-Way Phase	\$
Construction Phase-Infrastructure	\$
Construction Phase-Non-infrastructure	\$
Total for ALL Phases	\$

All Non-ATP fund types on this project* (to the nearest \$1000)

Amount

	\$
	\$
	\$
	\$
	\$
	\$

*Must indicate which funds are matching

Total Project Cost	\$
Project is Fully Funded	

ATP Work Specific Funding Breakdown (to the nearest \$1000)

Amount

Request for funding a Plan	\$
Request for Safe Routes to Schools Infrastructure work	\$
Request for Safe Routes to Schools Non-Infrastructure work	\$
Request for other Non-Infrastructure work (non-SRTS)	\$
Request for Recreational Trails work	\$

ALLOCATION/AUTHORIZATION REQUESTS SCHEDULE

	Proposed Allocation Date	Proposed Authorization (E-76) Date
PA&ED or E&P		
PS&E		
Right-of-Way		
Construction		

All project costs MUST be accounted for on this form, including elements of the overall project that will be, or have been funded by other sources.

Project name:

VII. NON-INFRASTRUCTURE SCHEDULE INFORMATION

[illegible]

Project name: _____

VIII. APPLICATION SIGNATURES

Applicant: The undersigned affirms that the statements contained in the application package are true and complete to the best of their knowledge.

Signature: _____
Name: _____
Title: _____

Date: _____
Phone: _____
e-mail: _____

Local Agency Official (City Engineer or Public Works Director): The undersigned affirms that the statements contained in the application package are true and complete to the best of their knowledge.

Signature: _____
Name: _____
Title: _____

Date: _____
Phone: _____
e-mail: _____

School Official: The undersigned affirms that the school(s) benefited by this application is not on a school closure list.

Signature: _____
Name: _____
Title: _____

Date: _____
Phone: _____
e-mail: _____

Person to contact for questions:

Name: _____
Title: _____

Phone: _____
e-mail: _____

Caltrans District Traffic Operations Office Approval*

If the application's project proposes improvements on a freeway or state highway that affects the safety or operations of the facility, it is required that the proposed improvements be reviewed by the district traffic operations office and either a letter of support or acknowledgement from the traffic operations office be attached () or the signature of the traffic personnel be secured below.

Signature: _____
Name: _____
Title: _____

Date: _____
Phone: _____
e-mail: _____

*Contact the District Local Assistance Engineer (DLAE) for the project to get Caltrans Traffic Ops contact information. DLAE contact information can be found at <http://www.dot.ca.gov/hq/LocalPrograms/dlae.htm>

Project name:

VIII. ADDITIONAL APPLICATION ATTACHMENTS

Check all attachments included with this application.

- ☐ Vicinity/Location Map- **REQUIRED for all IF Projects**
 - ☐ North Arrow
 - ☐ Label street names and highway route numbers
 - ☐ Scale
- ☐ Photos and/or Video of Existing Location- **REQUIRED for all IF Projects**
 - ☐ Minimum of one labeled color photo of the existing project location
 - ☐ Minimum photo size 3 x 5 inches
 - ☐ Optional video and/or time-lapse
- ☐ Preliminary Plans- **REQUIRED for Construction phase only**
 - ☐ Must include a north arrow
 - ☐ Label the scale of the drawing
 - ☐ Typical Cross sections where applicable with property or right-of-way lines
 - ☐ Label street names, highway route numbers and easements
- ☐ Detailed Engineer's Estimate- **REQUIRED for Construction phase only**
 - ☐ Estimate must be true and accurate. Applicant is responsible for verifying costs prior to submittal
 - ☐ Must show a breakdown of all bid items by unit and cost. Lump Sum may only be used per industry standards
 - ☐ Must identify all items that ATP will be funding
 - ☐ Contingency is limited to 10% of funds being requested
 - ☐ Evaluation required under the ATP guidelines is not a reimbursable item
- ☐ Documentation of the partnering maintenance agreement- Required with the application if an entity, other than the applicant, is going to assume responsibility for the operation and maintenance of the facility
 - ☐ a copy of the Memorandum of Understanding or Interagency Agreement between the parties must be submitted with the request for allocation.
- ☐ Letters of Support from Caltrans (Required for projects on the State Highway System(SHS))
- ☐ Digital copy of or an online link to an approved plan (bicycle, pedestrian, safe routes to school, active transportation, general, recreation, trails, city/county or regional master plan(s), technical studies, and/or environmental studies (with environmental commitment record or list of mitigation measures), if applicable. Include/highlight portions that are applicable to the proposed project.
- ☐ Documentation of the public participation process (required)
- ☐ Letter of Support from impacted school- when the school isn't the applicant or partner on the application (required)
- ☐ Additional documentation, letters of support, etc (optional)